

INFORMATIONAL PROGRAM (IP) EXPENSE DOCUMENTATION SHEET

1. AUTHORIZATION NUMBER \_\_\_\_\_ 2. REQUESTOR NAME \_\_\_\_\_

3. EVENT: \_\_\_\_\_

4. DATE(S) OF EVENT: \_\_\_\_\_

5. LOCATION(S) OF EVENT: \_\_\_\_\_

6. NO. IMSs: \_\_\_\_\_ NO. ESCORTS: \_\_\_\_\_  
NO. GUESTS PAID BY IP: \_\_\_\_\_ NO. GUESTS NOT PAID BY IP: \_\_\_\_\_

7. LIST OF ACTUAL EXPENSES (INCLUDE COPIES OF RECEIPTS)

<u>EXPENSES</u>	<u>W/RECEIPT</u>	<u>W/O RECEIPT</u>	<u>TOTAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL OF EXPENSES	_____	_____	_____

8. MEALS - - (ITEMIZE COST BY DAY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. ADVANCE: \*YES: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DIFFERENCE DUE/TO BE COLLECTED: \_\_\_\_\_  
NO: \_\_\_\_\_ TOTAL AMOUNT DUE: \_\_\_\_\_

\* Two lines of accounting data are required on SF 1164. (See attached SF 1164)

10. LIST IF IMSs:

NAME/COUNTRY CODE/WCN	NAME/COUNTRY CODE/WCN
_____	_____
_____	_____
_____	_____
_____	_____

11. LIST OF GUESTS BY NAME/TITLE: (INDICATE WHETHER PAID BY IP OR NOT)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. LIST OF ESCORTS BY NAME/TITLE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. MODE OF TRANSPORTATION: COMMERCIAL \_\_\_\_\_ PWC \_\_\_\_\_ POV \_\_\_\_\_

\_\_\_\_\_  
NAME, TITLE & SIGNATURE OF REQUESTOR